

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		8-24-00
O.I.P.E. CLASSIFIER		49	8/29/00
FORMALITY REVIEW	NH	617	9-28-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8-04-03
2	✓	✓	12-02-03
3	✓	✓	6-1-04
4	✓	✓	
5	✓	✓	
6	✓	✓	
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If more than 150 claims or 10 actions  
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